The Clinician's Turn: Speech Pathology

Evaluating Preschool Children With Significant Communication Difficulties

Young children are a challenge to most speech-language clinicians whose role it is to assess the young child with significant communication difficulties. Several problems are apparent -- the lack of reliable standardized assessment tools, the need for cooperation from the young subject and the format the assessment will take. Our two papers, one from Edmonton, one from Penticton, address these problems.

Questions about specific issues should be directed to the authors; comments on this or previous topics, and suggestions for future articles should be sent to the co-ordinator.

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EVALUATING PRESCHOOL CHILDREN WITH SIGNIFICANT COMMUNICATION DIFFICULTIES

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A traditional format for speech and language evaluations is a single session in which the client is seen individually or in conjunction with a parent or caregiver. Given the diverse needs of preschool children with significant communication difficulties, however, alternatives to this approach may be required. Assessments of such children include three objectives. First, semantic, syntactic, pragmatic and phonological abilities must be examined to identify existing patterns of delay or disorder. Second, historical and current contributing factors must be investigated to determine their effects on the child's communication development. Finally, management decisions must be made with regard to intervention strategies, placement alternatives and prognosis for change.

In order to accomplish these objectives, flexible and varied evaluation approaches are essential. A single one-on-one session provides only a small sample of information, even if the examiner's observations are supplemented by parent report. Due to the unfamiliarity of the child with the examiner and setting, as well as the contrived nature of the clinic environment, the sample obtained may not be representative of the child's communication behavior. The great variation in "normal" development makes it difficult to design standardized measures of communication ability that meet the rigor of reliability and validity required for a "good" test (Campbell, 1982). Therefore, the astuteness, knowledge and experience of the diagnostician are significant variables in determining what data is collected and how it is interpreted. Procedures which allow observation of a representative sample of the child's communication behaviors, by their nature, require more time and a greater variety of testing environments, assessment tools and personnel.

The Speech Pathology Department at the Glenrose Hospital has developed several assessment alternatives for

the evaluation of preschool children. These include the traditional single session assessment, evaluation as part of a multidisciplinary assessment, and a series of either individual or small group diagnostic sessions. This third alternative has significantly increased the quality and quantity of information obtained for children with interfering behaviors, multiple and/or severe problems or for those whose potential for learning or behavior change cannot be determined through formal assessment procedures. This has resulted in improved diagnostic accuracy and frequently more comprehensive intervention recommendations. Given this alternative, no child should be "untestable".

Despite the availability of extended diagnostic periods, the current state of the art in preschool communication evaluation is less than ideal. First, there is a limited amount of developmental information available, particularly with regard to pragmatics, semantic comprehension, oral motor movement and language processing abilities. Normative data is required to permit comparison of normal and abnormal development and to delineate delayed versus disordered development. Second, more comprehensive, normative tests for preschool children are needed to assist in the identification of communication difficulties and in determining specific areas of deficit. Third, the relative impact of various types and degrees of communication deficits on development and future educational performance is poorly understood. Long term follow-up studies of preschool children with diagnosed communication difficulties are necessary to determine significant variables. Finally, given current lengthy treatment waiting lists, the use of systematic assessment procedures at the time of initial evaluation, which could be repeated at the onset and at intervals during treatment, would allow for comparisons of change in communication behaviors over time, both with and without intervention. This information, together with longitudinal data on educational performance, would assist in making more accurate prognoses, determining treatment needs, planning service delivery programs and evaluating the effectiveness of treatment programs.

In summary, the evaluation of preschool children with significant communication problems requires a flexible approach that permits variations in time, tools, environment and professional input. This approach is felt by the authors to have improved the quality of evaluations performed on children who require in-depth observation over time to determine diagnosis, contributing factors and management alternatives. However, this approach has yet to be examined in a systematic way to determine its long term benefits. Communicative evaluations for preschoolers would be further refined by research providing additional longitudinal and normative data, as well as improved standardized tests for this age group.

References

Campbell, T. Editorial. SHAA Journal, Dec. 1982, 7, 3-4.

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EVALUATING PRESCHOOL CHILDREN WITH SIGNIFICANT COMMUNICATION DIFFICULTIES

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I am going to limit this topic to evaluating in the 1 - 3 year range, with some variance according to ability. These children can be among the most difficult to assess because they will rarely attend to tests and parent information guides don't give us sufficient information about how they actually communicate. I feel that what we wish to learn of these children can best be facilitated through play. I will say at the onset that I do little, and often no, formal testing with these children. Rather, an assessment using a combination of directive and reactive play can result in positive feelings about returning for treatment as well as providing extensive information about a child's ability to communicate.

I begin all assessments by separating the child from the parent - sometimes screaming. Most are quickly distracted by toys, but even those who are not, evidence many of their communicative strategies, once they realize that crying won't work. Few children have persisted in crying throughout the assessment. This separation is important because it allows me to see what the child is willing and able to do when the parents are not present. I can present material without "help" from parents or the child hiding behind the parents rather than interacting with me. Assessment involves a combination of structured play (ie: looking at books, playing with specifically chosen toys - bubbles, ball, house) and child-directed reactive play.

My time with the child should result in answers to the following questions:

1. Does he respond to sound?
2. Does he comprehend words? questions? follow simple directions?
3. Does he initiate interaction? How? (gestural, verbal, facial expression)
4. How does he communicate? (gestural, eye pointing, babbling, verbal)
5. In what circumstances? (imitation? following modelling? direct demand? when he wants something that is withheld? when purposefully misunderstood?)
6. If verbal, what is his MLU? Are his utterances intelligible?
7. Does he have a communication deficit? How severe?
8. What technique most readily facilitates communication?
9. Where will I start in treatment?

This information gives me a basis for establishing an appropriate language program starting from where the child is now.

In addition to play, I often utilize a snack to observe lip and tongue movements during feeding. Most of these children are reluctant to cooperate with an oral-peripheral examination. Feeding abilities, paired with an analysis of articulation during language sampling, give a basic idea of articulator function.

One test I have found especially useful is the Sequenced Inventory of Communication Difficulty, SICD - particularly the receptive scale. Although not routinely given, it is used when a more specific evaluation of comprehension is required. The expressive scale is used less often. Many of the children I see are at a grunting and pointing stage and I feel their communicative abilities are more extensively assessed through play.

Following the assessment with the child, the parent is invited to participate. Ordinarily, a significant increase in vocal output is noted. Parent - child interaction is observed. After a brief period of play, some specific tasks may be repeated through Mom. I then discuss assessment procedures while the child continues to play. The child's spontaneous interactions - while Mom is busy - are informative with regard to his need, desire and ability to communicate and to the parent's interaction with the child. Ordinarily, in this situation I observe the child's optimal communicative performance.

Finally, a parent conference is held without the child's presence. Case history information is expanded and parental concerns discussed. My impressions of the child's communicative ability and, often, a comparison with age averages are delineated. Treatment is scheduled and the technique I will be using is discussed. Ordinarily, the assessment will be completed by discussing how to facilitate communication at home - at an appropriate level - so the parent has something new to try before the first treatment session. Treatment is diagnostic in nature and further information regarding the child's communicative abilities will be forthcoming in subsequent sessions.

References

Hedrick, D., Prather, E. and Tobin, A. Sequenced Inventory of Communication Development. University of Washington Press, Seattle, 1975.

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